

FERENCE & ASSOCIATES
Amendment Transmittal



Corres. and Mail
BOX AF

Atty. Docket No. YO-999-599
(590.005)

AF/2641
#9
9/21/02
DH

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Franz et al.
Serial No. : 09/493,507 Examiner : D. Abebe
Filed : January 28, 2000 Group Art Unit : 2641
For : INDEXING WITH TRANSLATION MODEL FOR FEATURE
REGULARIZATION

COPY OF PAPERS
ORIGINALLY FILED

HON. COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

RECEIVED

SEP 20 2002

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

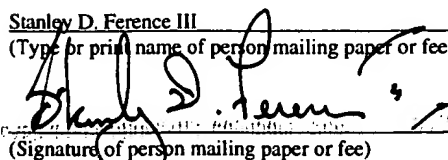
1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on September 3, 2002 with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

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5. ☒ Also enclosed: Two return postcards
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)		SMALL ENTITY			OTHER THAN A SMALL ENTITY	
					RATE	FEE		RATE	FEE
Total Claims	19	** 20	= * 0	x	\$9	=	O	x	\$18 = 0
Ind. Claims	3	*** 3	= * 0	x	\$42	=	O	x	\$84 = 0
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$140	=	O	+	\$280 =
					<u>TOTAL</u>	= \$	O	<u>TOTAL</u>	= \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
 *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510. A duplicate copy of this communication is attached.

Respectfully submitted,

REFERENCE & ASSOCIATES

Dated: 3-Sept-2002

By Stanley D. Ference III
Stanley D. Ference III
Reg. No. 33,879

Mailing Address:

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